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	TRANSMIT (General - P	Docket No. 19365-099806							
In Re Application	Of: Kreitler			•					
Application No. 10/828,758	Filing Date 04/21/2004	Examiner Edell	Customer No. 28886	Group Art Unit	Confirmation No.				
Title: MULTI-PO	OSITION HEAD RES	TRAINT							
TO TO		THE UNITED STATES PATE	NT AND TRAC	EMARK OFFICE	<u>E:</u>				
Transmitted herew Request for Con amd/response		ransmittal; Fee \$790; Amd/tran form PTO 2038	ısmittal;						
in the above ident No addition	tified application. nal fee is required.								
☑ The Directoras describe☐ Change☑ Cres☑ Change☑ Change	ed below. arge the amount of edit any overpayment. arge any additional fe	e required.	Account No.	50-1759					
☑ Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. 1 1 1 1 1 1 1 1 1 1 1 1 1									
	Signature		Dated: Dece	ember 8, 2005					
	keg. No. 41,590 C Avenue, Suite 350 48226-3435	00	deposited with sufficient posta	the United States age as first class	espondence is being Postal Service with mail in an envelope atents, P.O. Box 1450,				

Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on
12/08/2005

(Date)

Signature of Person Mailing Correspondence

HOWN (EV

CC:

Typed or Printed Name of Person Mailing Correspondence

AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Kreitler						Docket No. 19365-099806				
Application No. 10/828,758	Filing Date 04/21/2004	Examiner Edell		Customer N 28886	10.	Group Art Unit	Confirmation No.			
Invention: MULTIPRESITION HEAD RESTRAINT OFC 19 2005										
A A A	COMMISSIONER FOR PATENTS:									
		n the above-identified apstracted as shown below.		on.						
· ·		CLAIMS AS AM	ENDED)						
-	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR		ER EXTRA		RATE	ADDITIONAL FEE			
TOTAL CLAIMS	3 -	20 =	-	0	x	\$50.00	\$0.00			
INDEP. CLAIMS	1 .	3 =		0	x	\$200.00	\$0.00			
Multiple Dependen	nt Claims (check if appl	licable)					\$0.00			
·		TOTAL ADDITIONAL F	FEE FO	R THIS AMI	ENC	OMENT	\$0.00			
 No additional fee is required for amendment. □ Please charge Deposit Account No. in the amount of □ A check in the amount of to cover the filling fee is enclosed. ☑ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1759 ☑ Any additional filling fees required under 37 C.F.R. 1.16. ☑ Any patent application processing fees under 37 CFR 1.17. □ Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Robin W. Asher, Reg. No. 41,590										
Clark Hill PLC 500 Woodward Avenue, Suite 3500 Detroit, MI 48226-3435 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 12/08/2005 (Date) Signature of Person Mailing Correspondence										
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